Data Management Report

August 2016

Department of Intellectual & Developmental Disabilities | Office of Quality Management

Quality Management
Data Management Report

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A Demographics for HCBS Waiver Recipients

Data Source:
The source of this data is CS Tracking. "Monthly active participants" indicates the # of active cost plans for the last day of the reporting month. The "Unduplicated waiver participants" is a calendar year count of total waiver participants from Jan 1 to the last day of the reporting month. It refers to 1915c HCBS Waiver application(s) which state that DIDD has specified as unduplicated participants as the "maximum number of waiver participants who are served in each year that the waiver is in effect."

Statewide Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	2027											
Middle	1932											
West	1138											
Statewide	5097	0	0	0	0	0	0	0	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	5255	5255	5255	5255	5255	5255						
Unduplicated waiver participants.	5180											
# of slots remaining for calendar year	75	5255	5255	5255	5255	5255	0	0	0	0	0	0

CAC Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	491											
Middle	527											
West	730											
Statewide	1748	0	0	0	0	0	0	0	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	1923	1923	1923	1923	1923	1923						
Unduplicated waiver participants.	1805											
# of slots remaining for calendar year	118											

SD Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	404											
Middle	467											
West	373											
Statewide	1244	0	0	0	0	0	0	0	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	1802	1802	1802	1802	1802	1802						
Unduplicated waiver participants.	1312											
# of slots remaining for calendar year	490											

The Census for "Full State Funded Services" means the person only receives state funded services, without waiver or ICF funded services. This does not include class members receiving state funded ISC services who reside in nursing facilities.

DIDD Demographics Full State Funded (CS Tracking)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	3											
Middle	1											
West	1											
HJC FAU (Forensic)	4											
HJC BSU (Behavior)	4											
Statewide	13	0	0	0	0	0	0	0	0	0	0	0

The Census in the table below represents members of a protected class who are in a private ICF/IID facility and receive DIDD state funded ISC services.

DIDD recipients in private ICF/IID receiving state funded ISC srvs	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	0											
Middle	0											
West	0											
Statewide	0	0	0	0	0	0	0	0	0	0	0	0

Developmental Center census	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
GVDC	60											
HJC- Day One (ICF)	6											
Total	66	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

DIDD community homes ICF/IID census	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	63											
Middle	36											
West	48											
TOTAL	147	0	0	0	0	0	0	0	0	0	0	0

DIDD SERVICE CENSUS*	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total receiving DIDD funded services	8315	0	0	0	0	0	0	0	0	0	0	0

*Note: Persons *NOT* included in this Census are those in Private ICF/ID facilities who do not receive any *PAID* DIDD service and persons receiving Family Support Services.

Census by Region	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	3048	0	0	0	0	0	0	0	0	0	0	0
Middle	2977											
West	2290	0	0	0	0	0	0	0	0	0	0	0
Total	8315											

B Waiver Enrollment Report

Data Source:

The figures represented in this section are pulled directly from the Community Services Tracking system. Enrollment figures may be updated monthly as there is a 2 month window of time in which enrollments are entered into the CST system. Disenrollment data is also based on queries pulled from CST and may also have a window of adjustment for data entry.

ALL Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
CAC	0												0
SD Waiver	10												10
Statewide Waiver	10												10
Total Waiver Enrollments	20												20

CAC Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0												0
Middle	0												0
West	0												0
Grand Total CAC Waiver	0												0

SD Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	3												3
Middle	3												3
West	4												4
Grand Total SD Waiver	10												10

SD Waiver Aging Caregiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	2												2
Middle	0												0
West	1												1
Total	3												3

Agin Caregiver is included in Total SD Waiver Count Above

Statewide Waiver Enrollments by Referral Source

Crisis	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	3												3
Middle	1												1
West	2												2
Total	6												6

Secondary Enrollment Source of Crisis:

APS, CHOICES and Correctional Facility categories are included in the CRISIS count above. These are Secondary Enrollment Categories.

APS	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	0												0
Middle	0												0
West	0												0
Total	0												0

CHOICES	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0												0
Middle	0												0
West	1												1
Total	1												1

CORRECTIONAL FACILITY	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0												0
Middle	0												0
West	0												0
Total	0												0

DCS Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	1												1
Middle	0												0
West	0												0
Total	1												1

DC Transitions into Statewide	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
GVDC	0												0
HJC	0												0
Total	0												0

ICF Transfer Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0												0
Middle	0												0
West	0												0
Total	0												0

MH Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0												0
Middle	0												0
West	0												0
Total	0												0

PASRR NON NF	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0												0
Middle	0												0
West	0												0
Total	0												0

PASRR in NF	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0												0
Middle	0												0
West	0												0
Total	0												0

SD Waiver Transfers	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	1												1
Middle	1												1
West	1												1
Total	3												3

Total by Region	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	5												5
Middle	2												2
West	3												3
Grand Total Statewide Waiver	10												10

Analysis

There were 20 waiver enrollments for July 2016. Ten people enrolled into the SD waiver, of those, 3 were under the Aging Caregiver bill. Ten people enrolled into the Statewide waiver. There were 0 CAC enrollments.

Waiver Disenrollments

CAC Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	2												2
Involuntary- Death	13												13
Involuntary- Safety	0												0
Involuntary- Incarceration	2												2
Involuntary- NF > 90 Days	0												0
Involuntary- Out of State	0												0
Total Disenrolled	17												17

SD Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	0												0
Involuntary- Death	0												0
Involuntary- Safety	0												0
Involuntary- Incarceration	0												0
Involuntary- NF > 90 Days	0												0
Involuntary- Out of State	2												2
Total Disenrolled	2												2

Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	2												2
Involuntary- Death	10												10
Involuntary- Safety	0												0
Involuntary- Incarceration	0												0
Involuntary- NF > 90 Days	1												1
Involuntary- Out of State	0												0
Total Disenrolled	13												13

Total Waiver Disenrollments:	32	0	0	0	0	0	0	0	0	0	0	0	32

Analysis:

For July 2016, there were 32 waiver discharges. 17 people were discharged from the CAC waiver. 13 people discharged from the statewide waiver. There were 0 discharged from the SD Waiver.

Developmental Center-to-Community Transitions Report

Census reflects the number of people in the facility on the last day of the month.

Greene Valley	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Census [June 2016 60]	60												
Discharges													
Death	0												0
Transition to another dev center	0												0
Transition to community state ICF	0												0
Transition to private ICF	0												0
Transition to waiver program	0												0
Transition to non DIDD srvs	0												0
Total Discharges	0												0

Clover Bottom	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Census [June 2015 18]													
Discharges													
Death													0
Transition to another dev center													0
Transition to community state ICF													0
Transition to private ICF													0
Transition to waiver program													0
Transition to non DIDD srvs													0
Total Discharges													0

Harold Jordan Center	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 15]	14												
Admissions													FYTD
HJC Day One (ICF)	0												0
HJC FAU (SF)	0												0
HJC BSU (SF)	0												0
Total Admissions	0												0
Discharges													
Death	0												0
Transition to community state ICF	0												0
Transition to private ICF	0												0
Transition to waiver program	0												0
Transition back to community	1												1
Total Discharges	1												1

East Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 63]	63												FYTD
Admissions	0												0
Discharges													
Death	0												0
Transition to another dev center	0												0
Transition to community state ICF	0												0
Transition to private ICF	0												0
Transition to waiver program	0												0
Transition to non DIDD srvs	0												0
Total Discharges	0												0

Middle Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 36]	36												FYTD
Admissions	0												0
Discharges													
Death	0												0
Transition to another dev center	0												0
Transition to public state ICF	0												0
Transition to private ICF	0												0
Transition to waiver program	0												0
Transition to non DIDD srvs	0												0
Total Discharges	0												0

West Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 48]	48												FYTD
Admissions	0												0
Discharges													
Death	0												0
Transition to another dev center	0												0
Transition to public state ICF	0												0
Transition to private ICF	0												0
Transition to waiver program	0												0
Transition to non DIDD srvs	0												0
Total Discharges	0												0

Analysis:

One discharge from HJC lowering the census to 14. ETCH remained at 63, MTH remained at 36 , WTCH remained at 48. and GVDC remained at 60.

There was 1 discharge from GVDC leaving a new census for June of 60. One discharge from HJC lowering the census to 15, ETCH homes remained at 63,

D	**Protection From Harm/ Complaint Resolution**
Data Source:	
Each Regional Office inputs all complaints information into COSMOS as each complaint is received. Every month a data report is generated which includes Complaint Information captured by each complaint type and the source of each complaint. The data will be presented by waiver instead of by region.	

Complaints by Source- Self Determination Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	1											
# from TennCare	0											
% from TennCare	N/A											
# from a Concerned Citizen	0											
% from a Concerned Citizen	N/A											
# from the Waiver Participant	0											
% from the Waiver Participant	N/A											
# from a Family Member	0											
% from a Family Member	N/A											
# from Conservator	1											
% from Conservator	100%											
# Advocate (Paid)	0											
% from Advocate (Paid)	N/A											
# from PTP Interview	0											
% from PTP Interview	N/A											

Complaints by Source - Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	4											
# from TennCare	0											
% from TennCare	N/A											
# from a Concerned Citizen	2											
% from a Concerned Citizen	50%											
# from the Waiver Participant	0											
% from the Waiver Participant	N/A											
# from a Family Member	0											
% from a Family Member	N/A											
# from Conservator	2											
% from Conservator	50%											
# Advocate (Paid)	0											
% from Advocate (Paid)	N/A											
# from PTP Interview	0											
% from PTP Interview	N/A											

Complaints by Source - CAC	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	2											
# from TennCare	0											
% from TennCare	N/A											
# from a Concerned Citizen	1											
% from a Concerned Citizen	50%											
# from the Waiver Participant	1											
% from the Waiver Participant	50%											
# from a Family Member	0											
% from a Family Member	N/A											
# from Conservator	0											
% from Conservator	N/A											
# Advocate (Paid)	0											
% from Advocate (Paid)	N/A											
# from PTP Interview	0											
% from PTP Interview	N/A											

Complaints by Issue- Self Determination Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	1											
# Behavior Issues	0											
% Behavior Issues	N/A											
# Day Service Issues	0											
% Day Service Issues	N/A											
# Environmental Issues	0											
% Environmental Issues	N/A											
# Financial Issues	0											
% Financial Issues	N/A											
# Health Issues	0											
% Health Issues	N/A											
# Human Rights Issues	0											
% Human Rights Issues	N/A											
# ISC Issues	0											
% ISC Issues	N/A											
# ISP Issues	0											
% ISP Issues	N/A											
# Staffing Issues	1											
% Staffing Issues	100%											
# Therapy Issues	0											
% Therapy Issues	N/A											
# Transportation Issues	0											
% Transportation Issues	N/A											
# Case Management Issues	0											
% Case Management Issues	N/A											
# Other Issues	0											
% Other Issues	N/A											

Complaints by Issue - Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	4											
# Behavior Issues	0											
% Behavior Issues	N/A											
# Day Service Issues	0											
% Day Service Issues	N/A											
# Environmental Issues	0											
% Environmental Issues	N/A											
# Financial Issues	0											
% Financial Issues	N/A											
# Health Issues	0											
% Health Issues	N/A											
# Human Rights Issues	0											
% Human Rights Issues	N/A											
# ISC Issues	0											
% ISC Issues	N/A											
# ISP Issues	0											
% ISP Issues	N/A											
# Staffing Issues	4											
% Staffing Issues	100%											
# Therapy Issues	0											
% Therapy Issues	N/A											
# Transportation Issues	0											
% Transportation Issues	N/A											
# Case Management Issues	0											
% Case Management Issues	N/A											
# Other Issues	0											
% Other Issues	N/A											

Complaints by Issue - CAC	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	2											
# Behavior Issues	0											
% Behavior Issues	N/A											
# Day Service Issues	1											
% Day Service Issues	50%											
# Environmental Issues	0											
% Environmental Issues	N/A											
# Financial Issues	0											
% Financial Issues	N/A											
# Health Issues	0											
% Health Issues	N/A											
# Human Rights Issues	1											
% Human Rights Issues	50%											
# ISC Issues	0											
% ISC Issues	N/A											
# ISP Issues	0											
% ISP Issues	N/A											
# Staffing Issues	0											
% Staffing Issues	N/A											
# Therapy Issues	0											
% Therapy Issues	N/A											
# Transportation Issues	0											
% Transportation Issues	N/A											
# Case Management Issues	0											
% Case Management Issues	N/A											
# Other Issues	0											
% Other Issues	N/A											

Analysis:

CUSTOMER FOCUSED SERVICES ANALYSIS FOR July 2016 Report.

There were seven (7) complaint issues statewide** during the month July 2016. This is a decrease in three (3) from June 2016 (10 complaint issues). There was one SD Waiver complaint (staffing issues). There were two (2) complaint issues from the CAC waiver (day services and human rights). There were four (4) complaint issues from the Statewide Waiver (staff supervision management and staff communication). These issues were resolved with person-centered face-to-face meetings and other means of communication with the COS. The seven (7) complaints this month were resolved within 30 days for 100% compliance.

THE MAIN COMPLAINT ISSUES involved staffing services (i.e., supervision, management of the services, communication), human rights, and day services. The complainants included conservators, concerned citizens, and person supported.

There were a total of 27 advocacy interventions completed by the statewide CFS team. Advocacy interventions are activities conducted by CFS, as requested, that are not formal complaints documented in COSMOS. The issues included, but not limited to, staff communication, financial issues, environmental issues, human rights concerns, day services, etc.

FOCUS GROUPS were held in Knoxville, Greeneville, Memphis, Jackson, and Nashville. The participation numbers continue to be high. Topics for Focus Groups included "Relationships" with a guest lecturer; dealing with anger issues, healthy eating, etc.

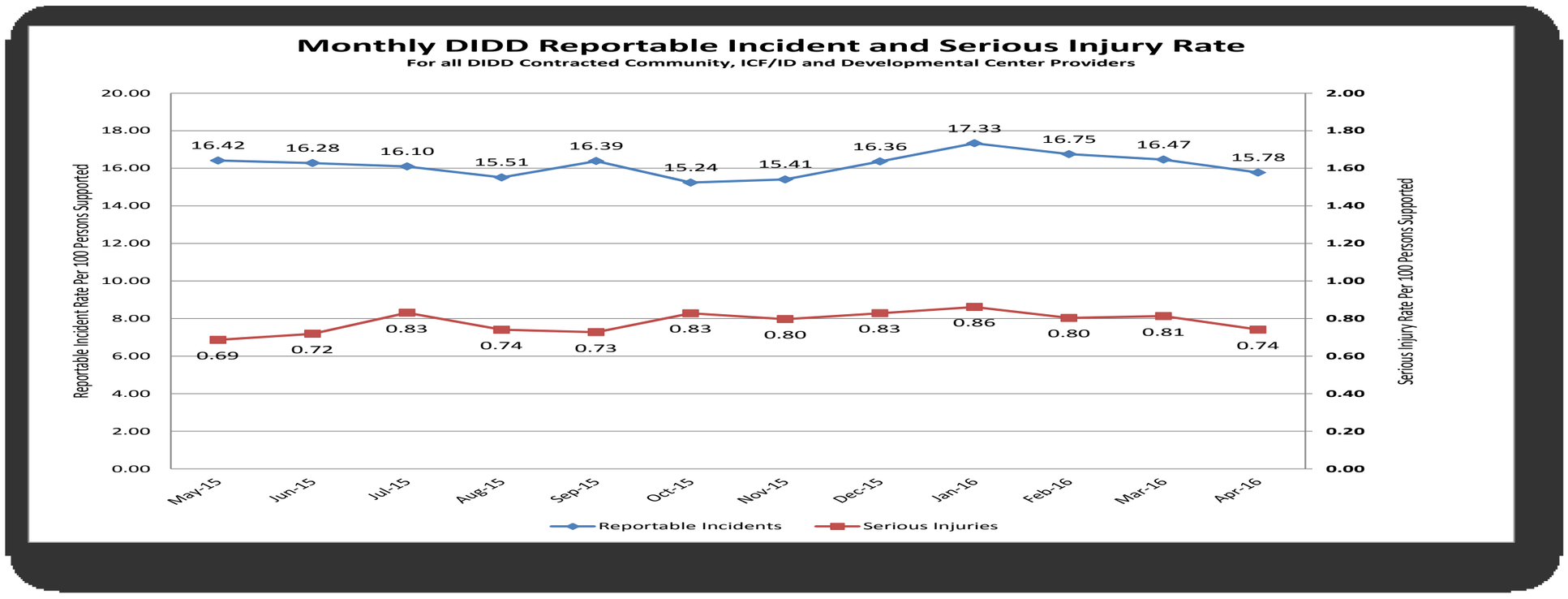
**Of note, there were changes within the statewide CFS team in June that could have impacted the decrease in numbers for the July data.
**There is a glitch in the Crystal Report data regarding the number of complaints for the month of July. Specifically, when running the Crystal Report for QRC Comprehensive Complaint data, there were only four (4) complaints found. When running the Crystal Report for the complaints by provider reports, there were five (5) complaints found.

D	**Protection From Harm/Incident Management**

Data Source:

The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D.
Through August 2009, only the West Region private ICF/MR providers were required to report. As of September 2009, the East Region ICF/MR providers were also required to report incidents to D.I.D.D., and the Middle Region ICF/MR providers started reporting to D.I.D.D. in February 2010.

Incidents / East	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
# of Reportable Incidents	497												497
Rate of Reportable Incidents per 100 people	15.00												15.0
# of Serious Injuries	26												26
Rate of Incidents that were Serious Injuries per 100 people	0.78												0.8
# of Incidents that were Falls	35												35
Rate of Falls per 100 people	1.06												1.1
# of Falls resulting in serious injury	8												8
% of serious injuries due to falls	30.8%												30.8%
Incidents / Middle	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
# of Reportable Incidents	520												520
Rate of Reportable Incidents per 100 people	16.12												16.1
# of Serious Injuries	24												24
Rate of Incidents that were Serious Injuries per 100 people	0.74												0.7
# of Incidents that were Falls	25												25
Rate of Falls per 100 people	0.78												0.8
# of Falls resulting in serious injury	9												9
% of serious injuries due to falls	37.5%												37.5%
Incidents / West	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
# of Reportable Incidents	409												409
Rate of Reportable Incidents per 100 people	16.36												16.4
# of Serious Injuries	17												17
Rate of Incidents that were Serious Injuries per 100 people	0.68												0.7
# of Incidents that were Falls	22												22
Rate of Falls per 100 people	0.88												0.9
# of Falls resulting in serious injury	9												9
% of serious injuries due to falls	52.9%												52.9%
Incidents / Statewide	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
# of Reportable Incidents	1426												1426
Rate of Reportable Incidents per 100 people	15.78												15.8
# of Serious Injuries	67												67
Rate of Incidents that were Serious Injuries per 100 people	0.74												0.7
# of Incidents that were Falls	82												82
Rate of Falls per 100 people	91.00												91.0
# of Falls resulting in serious injury	26												26
% of serious injuries due to falls	38.8%												38.8%



PFH Analysis: Incident Management
Chart: Monthly Rate: Reportable Incidents and Serious Injuries.

The monthly statewide rate of reportable incidents per 100 persons supported for June 2016 decreased from 16.47 to 15.78. The rate of Serious Injury per 100 persons supported decreased slightly from 0.81 to 0.74. The rate of Falls per 100 persons supported decreased from 1.14 to 0.91. The number of Serious Injuries due to Falls decreased from 37 to 26. The percentage of Serious Injuries due to Falls was 38.8%.

Conclusions and actions taken for the reporting period:

The rate of reportable incidents per 100 persons supported for July 2014 – June 2016 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, July 2014 – June 2015, was 15.12 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, July 2015 – June 2016, is 16.17 per 100 persons supported. Analysis showed an increase of 1.05 in the average incident rate.

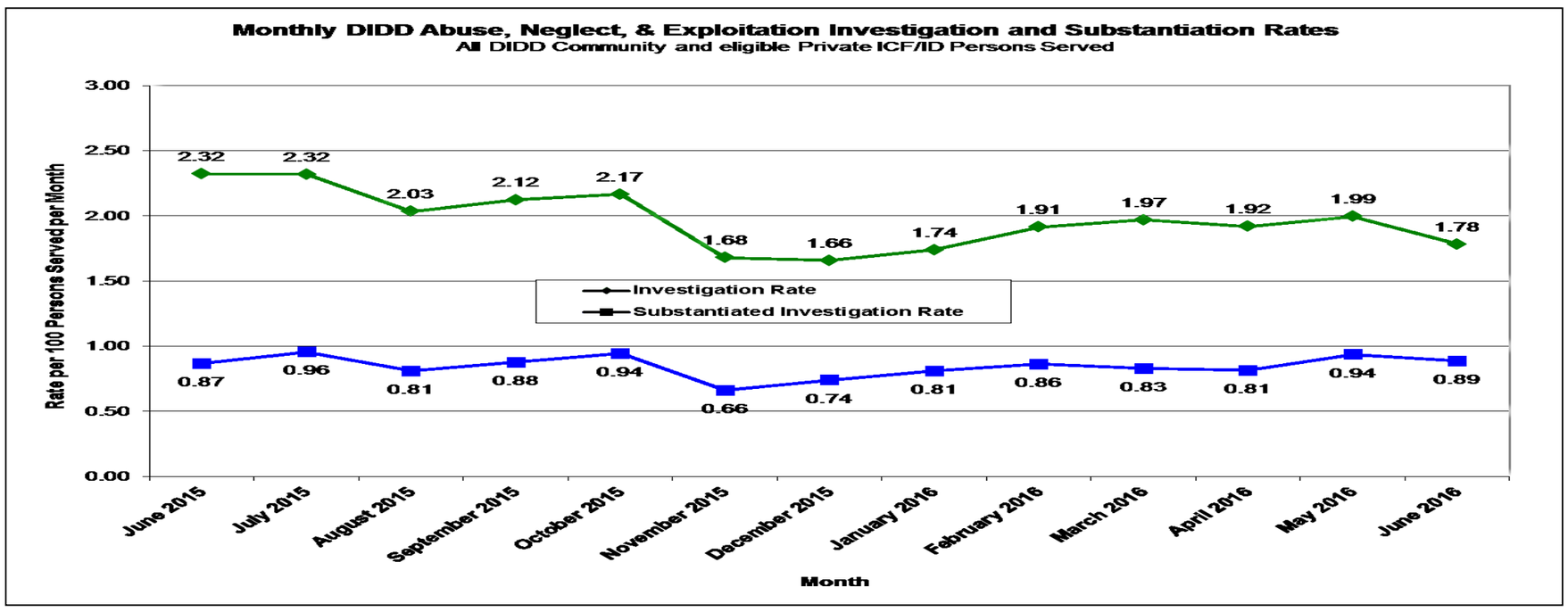
D **Protection From Harm/Investigations**

East Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census	3314											
# of Investigations	52											
Rate of Investigations per 100 people	1.57											
# of Substantiated Investigations	23											
Rate of Substantiated Investigations per 100 people	0.69											
Percentage of Investigations Substantiated	44%											

Middle Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census	3225											
# of Investigations	60											
Rate of Investigations per 100 people	1.86											
# of Substantiated Investigations	36											
Rate of Substantiated Investigations per 100 people	1.12											
Percentage of Investigations Substantiated	60%											

West Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census	2500											
# of Investigations	49											
Rate of Investigations per 100 people	1.96											
# of Substantiated Investigations	21											
Rate of Substantiated Investigations per 100 people	0.84											
Percentage of Investigations Substantiated	43%											

Statewide	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census	9039											
# of Investigations	161											
Rate of Investigations per 100 people	1.78											
# of Substantiated Investigations	80											
Rate of Substantiated Investigations per 100 people	0.89											
Percentage of Investigations Substantiated	50%											



D	Protection From Harm/Investigations
Analysis:	

PFH Analysis: Investigations

Chart: Monthly Rates: Investigations Opened/Substantiated

During the month of June, 2016, 161 investigations were completed across the State. Fifty-two (52) of these originated in the East Region, sixty (60) in the Middle Region, and forty nine (49) in the West Region.

Statewide, investigations were opened at a rate of 1.78 investigations per 100 people served, which is a slight decrease from the previous month. The East Region opened investigations at a rate of 1.57 investigations per 100 people served. The Middle Region opened investigations at a rate of 1.86 investigations per 100 people served. The West Region opened investigations at a rate of 1.96 per 100 people served. Both East and West Regions opened investigations at a lower rate this month. Typically the West Region consistently opens investigations at a higher rate than the other two.

Eight (80), or 50%, of the 161 investigations opened statewide in June, 2016, were substantiated for abuse, neglect, or exploitation. This was an increase in percentage as compared to the prior reporting period, which was 47%. The West Region substantiated the lowest percentage of investigations 43% (21 substantiated investigations), compared to the 60% substantiated in the Middle Region (36 substantiated investigations) and the 44% substantiated in the East Region (23 substantiated investigations). The West Region had the lowest number of substantiated investigations in the previous reporting month, at 23.

These substantiations reflect that the statewide rate of substantiated investigations per 100 people served was 0.89 during June, 2016. The Middle Region substantiated investigations at the highest rate per 100 substantiating 1.12 investigations per 100 people served. The West Region substantiated investigations at a rate of 0.84 per 100 people served in its region. The West region showed a decreased rate as compared to the previous month from .93. The East Region substantiated investigations at a rate of 0.82 per 100 people served in its region. The East Region also showed a slight decrease from 0.82 to 0.69.

E. Due Process / Freedom of Choice

Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the appeals process.

East Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Total Service Requests Received	2706											
Total Adverse Actions (Incl. Partial Approvals)	46											
% of Service Requests Resulting in Adverse Actions	2%											
Total Grier denial letters issued	24											
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	0											
Termination	0											
Reduction	0											
Suspension	0											
Total Received	0											
DENIAL OF SERVICE												
Total Received	0											
Total Grier Appeals Received	0											
Total Non-Grier Appeals Received	0											
Total appeals overturned upon reconsideration	0											
TOTAL HEARINGS	4											
DIRECTIVES												
Directive Due to Notice Content Violation	0											
Directive due to ALJ Ruling in Recipient's Favor	0											
Other	1											
Total Directives Received	1											
Overturned Directives	0											
MCC Directives	0											
Cost Avoidance (Estimated)	$17,064											
LATE RESPONSES												
Total Late Responses	0											
Total Days Late	0											
Total Fines Accrued (Estimated)	0											
DEFECTIVE NOTICES												
Total Defective Notices Received	0											
Total Fines Accrued (Estimated)	$0											
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	2											
Continuing Delay Issues (Unresolved)	3											
Total days service(s) not provided per TennCare ORR	0											
Total Fines Accrued (Estimated)	$0											

Middle Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	3298											
Total Adverse Actions (Incl. Partial Approvals)	234											
% of Service Requests Resulting in Adverse Actions	7%											
Total Grier denial letters issued	76											
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	1											
Termination	0											
Reduction	0											
Suspension	0											
Total Received	1											
DENIAL OF SERVICE												
Total Received	3											
Total Grier Appeals Received	4											
Total Non-Grier Appeals Received	0											
Total appeals overturned upon reconsideration	0											
TOTAL HEARINGS	2											
DIRECTIVES												
Directive Due to Notice Content Violation	0											
Directive due to ALJ Ruling in Recipient's Favor	0											
Other	1											
Total Directives Received	1											
Overturned Directives	0											
MCC Directives	0											
Cost Avoidance (Estimated)	$32,226											
LATE RESPONSES												
Total Late Responses	0											
Total Days Late	0											
Total Fines Accrued (Estimated)	$0											
DEFECTIVE NOTICES												
Total Defective Notices Received	0											
Total Fines Accrued (Estimated)	$0											
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	1											
Continuing Delay Issues (Unresolved)	1											
Total days service(s) not provided per TennCare ORR	67											
Total Fines Accrued (Estimated)	$38,484											

West Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	1503											
Total Adverse Actions (Incl. Partial Approvals)	71											
% of Service Requests Resulting in Adverse Actions	5%											
Total Grier denial letters issued	96											
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	0											
Termination	0											
Reduction	0											
Suspension	0											
Total Received	0											
DENIAL OF SERVICE												
Total Received	0											
Total Grier Appeals Received	0											
Total Non-Grier Appeals Received	0											
Total appeals overturned upon reconsideration	0											
TOTAL HEARINGS	2											
DIRECTIVES												
Directive Due to Notice Content Violation	0											
Directive due to ALJ Ruling in Recipient's Favor	0											
Other	0											
Total Directives Received	0											
Overturned Directives	0											
MCC Directives	0											
Cost Avoidance (Estimated)	$0											
LATE RESPONSES												
Total Late Responses	0											
Total Days Late	0											
Total Fines Accrued (Estimated)	0											
DEFECTIVE NOTICES												
Total Defective Notices Received	0											
Total Fines Accrued (Estimated)	$0											
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	2											
Continuing Delay Issues (Unresolved)	1											
Total days service(s) not provided per TennCare ORR	0											
Total Fines Accrued (Estimated)	$0											

Statewide												
SERVICE REQUESTS												
Total Service Requests Received	7507											
Total Adverse Actions (Incl. Partial Approvals)	351											
% of Service Requests Resulting in Adverse Actions	5%											
Total Grier denial letters issued	196											
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	1											
Termination	0											
Reduction	0											
Suspension	0											
Total Received	1											
DENIAL OF SERVICE												
Total Received	$3.00											
Total Grier Appeals Received	$4.00											
Total Non-Grier Appeals Received	$0.00											
Total appeals overturned upon reconsideration	0											
TOTAL HEARINGS	8											
DIRECTIVES												
Directive Due to Notice Content Violation	0											
Directive due to ALJ Ruling in Recipient's Favor	$0.00											
Other	2											
Total Directives Received	2											
Overturned Directives	0											
MCC Directives	0											
Cost Avoidance (Estimated)	$49,290											
Cost Avoidance (Total Month-Estimated)	$49,290											
Cost Avoidance (FY 2016-Estimated)	$1,047,036											
LATE RESPONSES												
Total Late Responses	0											
Total Days Late	0											
Total Fines Accrued (Estimated)	$0											
Total Defective Notices Received	0											
Total Fines Accrued (Estimated)	$0											
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	5											
Continuing Delay Issues (Unresolved)	5											
Total days service(s) not provided per TennCare ORR	67											
Total Fines Accrued (Estimated)	$38,484											

Appeals:

The DIDD received 4 appeals in June compared to 12 received in May, which is a 66.7% decrease in volume. Fiscal Year 2015 averaged 15.6 appeals received per month.

The DIDD received 7507 service requests in June compared to 8021 for the previous month, which is a decrease of 6.4% in volume. The average of service requests received during Fiscal Year 2015 was 7227 per month, indicating that June experienced a 3.9% increase in volume based on this average.

5% of service plans were denied statewide in June, which is consistent with the previous month. The average of service plans denied per month during Fiscal Year 2015 was 4.3%.

Directives:

2 directives were received statewide for this month. The Middle Region received a directive to provide FAM-4 services from 4/10/16-4/9/17. The person had requested FAM-5 for the same duration, however the Administrative Law Judge (ALJ) ruled in favor of DIDD. This resulted in a cost avoidance of $32,226.46.

The East Region received the remaining directive for SL3-2 and a SLSNADJ to be provided from 4/28/16-4/27/17. The person had requested SL4-2, SLSNADJ and 256 units of BEH ANLYST services for the same duration. The ALJ ruled in favor of DIDD. This resulted in a cost avoidance of $17,063.72.

Cost Avoidance:

June experienced a cost avoidance of $49,290.18. Statewide, total cost avoidance is $1,047,036.34 for this fiscal year.

Sanction/Fines:

See below.

Delay of Service:

The Middle Region received a delay of service appeal regarding the lack of provision of authorized PA services. TennCare determined 67 days of the service was not provided as authorized, resulting in a fine of $38,484.00. BGC, Inc. was the responsible provider in this case.

F	**Provider Qualifications / Monitoring (II.H., II.K.)**
Data Source:	
The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance.	

Day and Residential Provider	Statewide				Cumulative / Statewide			
# of Day and Residential Providers Monitored this Month	14				94			
Total Census of Providers Surveyed	818				4354			
# of Sample Size	104				615			
% of Individuals Surveyed	13%				14%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	94%	5%	0%	0%	90%	8%	1%	0%
Outcome B. Services and supports are provided according to the person's plan.	50%	44%	5%	0%	64%	29%	4%	1%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	44%	50%	5%	0%	60%	34%	4%	1%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	77%	22%	0%	0%	84%	15%	0%	0%
Outcome B. The person has a sanitary and comfortable living arrangement.	100%	0%	0%	0%	92%	7%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	27%	72%	0%	0%	43%	51%	3%	2%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	95%	4%	0%	0%
Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	97%	2%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	68%	18%	12%	0%	76%	14%	7%	2%
Domain 5: Health								
Outcome A. The person has the best possible health.	72%	27%	0%	0%	76%	21%	2%	0%
Outcome B. The person takes medications as prescribed.	43%	43%	12%	0%	55%	32%	9%	3%
Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	94%	5%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	98%	1%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 7: Relationships and Community Membership								
Outcome A. The person has relationships with individuals who are not paid to provide support.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 8: Opportunities for Work								
Outcome A. The person has a meaningful job in the community.	85%	14%	0%	0%	96%	3%	0%	0%
Outcome B. The person's day service leads to community employment or meets his or her unique needs.	88%	5%	5%	0%	94%	4%	1%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	44%	55%	0%	0%	65%	29%	4%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	38%	61%	0%	0%	62%	35%	1%	1%
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	38%			61%	62%			37%
Outcome C. Provider staff are adequately supported.	61%	38%	0%	0%	69%	29%	1%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	88%	11%	0%	0%	92%	7%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	50%	44%	5%	0%	58%	34%	6%	1%
Outcome B. People's personal funds are managed appropriately.	40%	46%	6%	6%	45%	46%	6%	2%

Personal Assistance	Statewide				Cumulative / Statewide			
# of Personal Assistance Providers Monitored this Month					5			
Total Census of Providers Surveyed					176			
# of Sample Size					22			
% of Individuals Surveyed					13%			
# of Additional Focused Files Reviewed					0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.					100%	0%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.					80%	20%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					100%	0%	0%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.					100%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.					20%	80%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.					100%	0%	0%	0%
Outcome C. The person exercises his or her rights.					100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
Domain 5: Health								
Outcome A. The person has the best possible health.					100%	0%	0%	0%
Outcome B. The person takes medications as prescribed.					100%	0%	0%	0%
Outcome C. The person's dietary and nutritional needs are adequately met.					100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.					100%	0%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.					100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.					100%	0%	0%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.					80%	20%	0%	0%
Indicator 9.B.2.: Provider staff have received					80%			20%
Outcome C. Provider staff are adequately supported.					80%	20%	0%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.					100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD					80%	20%	0%	0%

Provider Qualifications / Monitoring (II.H., II.K.)

ISC Providers	Statewide				Cumulative / Statewide			
# of ISC Providers Monitored this Month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed								
# of Additional Focused Files Reviewed								
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %
Domain 1: Access and Eligibility								
Outcome A. The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.								
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided according to the person's plan.								
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome B. The person has a sanitary and comfortable living arrangement.								
Outcome C. Safeguards are in place are in place to protect the person from harm.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
Outcome B. Provider staff are trained and meet job specific qualifications.								
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
Outcome C. Provider Staff are adequately supported.								
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.								
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

Provider Qualifications / Monitoring (II.H., II.K.)

Clinical Providers- Behavioral	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	1				15			
Total Census of Providers Surveyed	9				522			
# of Sample Size	4				78			
% of Individuals Surveyed	44%				15%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	33%	33%	0%	33%	33%	33%	26%	6%
Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	73%	20%	6%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	66%	0%	33%	20%	66%	6%	6%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	93%	6%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	100%	0%	0%	0%	77%	11%	11%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	93%	6%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	66%	33%	0%	0%	40%	46%	13%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
Indicator 9.B.2.: Provider staff have received					100%			0%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	100%	0%	0%	0%

Clinical Providers- Nursing	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed								
# of Additional Focused Files Reviewed								
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided according to the person's plan.								
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome C. Safeguards are in place to protect the person from harm.								
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.								
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
Domain 5: Health								
Outcome A. The person has the best possible health.								
Outcome B. The person takes medications as prescribed.								
Outcome C. The person's dietary and nutritional needs are adequately met.								
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
Outcome B. Provider staff are trained and meet job specific qualifications.								
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
Outcome C. Provider staff are adequately supported.								
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

Clinical Providers- Therapy	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	2				16			
Total Census of Providers Surveyed	22				1065			
# of Sample Size	6				94			
% of Individuals Surveyed	27%				9%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	50%	50%	0%	0%	31%	50%	18%	1%
Outcome B. Services and supports are provided according to the person's plan.	50%	50%	0%	0%	18%	62%	18%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	50%	50%	0%	0%	25%	62%	12%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	75%	25%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	62%	31%	6%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	93%	6%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	100%	0%	0%	0%	37%	50%	12%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	93%	6%	0%	0%
Indicator 9.B.2.: Provider staff have received					83%			16%
Outcome C. Provider staff are adequately supported.					90%	10%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	87%	6%	6%	0%

QA Summary for QM Report (thru 7/2016 data)

Performance Overview- Calendar Year 2016 Cumulative:							
Performance Level	**Statewide**	**Day-Residential**	**Personal Assistance**	**Support Coordination**	**Behavioral**	**Nursing**	**Therapy**
Exceptional Performance	25%	27%	60%	N/A	20%	N/A	12%
Proficient	42%	40%	40%	N/A	47%	N/A	44%
Fair	31%	30%	N/A	N/A	33%	N/A	44%
Significant Concerns	2%	3%	N/A	N/A	N/A	N/A	N/A
Serious Deficiencies	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total # of Providers	130	94	5	N/A	15	N/A	16

Day / Residential Providers:

Analysis: Note- Statewide and Cumulative / Statewide data in the table above sometimes exceed or are just below 100% due to the numerical rounding functions during calculations.

Providers reviewed: East- Frontier Health, Health Care Initiative, Michael Dunn Center, STARS Inc., Washington County Community Residential Services, Care Choices of Tennessee; Middle- Humane Assisting, BIOS of Tennessee, D & S Community Services, Journeys in Community Living, Tennessee Personal Assistance, Triumph Care, NIA; West- Brenda Richardson Memorial Care Homes, C. S. Patterson Training and Habilitation Center, Nicholas Matters, Omni Visions, Personal Care Services Midsouth, Loving Arms, KeyOptions.

East Region:

Michael Dunn Center: The 2016 QA survey resulted in the agency receiving a score of 54. This places them in the Exceptional range of performance. Compared to their 2015 survey results, this is a 4-point Increase in compliance (50-Proficient in 2015). This increase in compliance was specific to improvements identified in Domains 3 (PC-SC) and 10 (PC-SC).

Personal funds accounts: 7 accounts were reviewed, 0 contained issues.

Frontier Health: The 2016 QA survey resulted in the agency receiving a score of 52. This places them in the Exceptional range of performance. Compared to their 2014 survey results, this is a 2-point decrease in compliance (54-Exceptional in 2014). This decrease in compliance was specific to issues identified in Domain 10 (SC-PC).

The provider should focus efforts to ensure the following:

- Services are provided and billed for in accordance with DIDD requirements.
- Personal funds accounts: 7 accounts were reviewed, 0 contained issues.
- A recoupment letter in the amount of $9,540.85 was sent to the provider on July 26, 2016. Agency documentation did not support billing for employment services.

Frontier Health has requested a review of their survey results and an ORR of their recoupment findings.

Core Services (Washington County Community Residential Services): The 2016 QA survey resulted in the agency receiving a score of 54. This places them in the Exceptional range of performance. Compared to their 2015 survey results, this is a 6-point Increase in compliance (48-Proficient in 2015). This increase in compliance was specific to improvements identified in Domains 3 (PC-SC), 5 (PC-SC) and 10 (PC-SC).

Personal funds accounts: 4 accounts were reviewed, 0 contained issues.

A recoupment letter in the amount of $64.17 was sent to the provider on July 28, 2016. Agency documentation did not support the provision of Community Based Day services.

STARS: The 2016 QA survey resulted in the agency receiving a score of 42. This places them in Fair range of performance. Compared to their 2015 survey results, this is a 2-point decrease in compliance (44-Fair in 2015). This decrease in compliance was specific to issues identified in Domain 8 (SC-PC).

The provider should focus efforts to ensure the following:

- People receive services and supports as specified in their plans.
- Provision of services and supports are documented in accordance with the plan.
- Homes and work environments are assessed and reassessed regarding personal and environmental safety issues.
- Trends in medication variances are analyzed and prevention strategies are implemented to address findings.
- Only appropriately trained staff administer medications.
- Medication administration records are appropriately maintained.
- Storage of medications ensure appropriate access, security, separation and environmental conditions.
- Staff receive appropriate training to meet the needs of the person.

Personal funds accounts: 3 accounts were reviewed, 1 contained issues. The provider should focus efforts to ensure that the people are responsible for paying only the appropriate fees and charges.

A recoupment letter in the amount of $3,384.00 was sent to the provider on July 26, 2016. Agency documentation was not present to support the provision of Personal Assistance services.

A sanction warning letter is forthcoming regarding New Hire Staff Training.

A request has been received for an ORR on the STARS recoupment; no supporting documentation was received.

Health Care Initiative of TN, Inc.: The 2016 QA survey resulted in the agency receiving a score of 46. This places them in Fair range of performance. The previous survey was a consultative.

The provider should focus efforts to ensure the following:

- People receive services and supports as specified in their plans.
- Potential employees are screened as required (registry and background checks).
- People have opportunities for a meaningful day.
- Staff receive appropriate training to meet the needs of the person.
- Staff meet job-specific qualifications.
- Services are provided and billed for in accordance with DIDD requirements.

Personal funds accounts: 4 accounts were reviewed, 3 contained issues. The provider should focus efforts to ensure that there is proper oversight and accounting of all personal funds.

A recoupment letter in the amount of $366.52 was sent to the provider on August 2, 2016. Agency documentation was not present to support the provision of Community Based Day and Personal Assistance services.

Care Choices of Tennessee, Inc. : The 2016 QA survey resulted in the agency receiving a score of 38. This places them in Significant Concerns range of performance. Compared to their 2015 survey results, this is a 10-point decrease in compliance (48-Fair in 2015). This decrease in compliance was specific to issues identified in Domains 2 (SC-MC), 5 (SC-PC), 8 (SC-PC), 9 (SC-PC), and 10 (MC-NC). It was noted that Domain 3 increased (PC SC).

- Domain 3 increased to Substantial Compliance.
- Outcomes 2.B & 2.D.- Continuing issues were identified regarding services and supports not being provided as authorized and/or the documentation of service provision. Exceptions to service provision were not always identified or documented. DIDD requirements for monitoring the implementation of individual plans, services and supports were not always met. Issues were also noted regarding notification of the ISC when there were issues that needed to be addressed.
- Outcome 3.C.- Criminal Background checks were not completed timely for the 30 new employees with an overall compliance rating of 80%. A sanction warning occurred. The State of Tennessee Registry checks were 100% compliant. Medication Variance trending was not accurate and did not identify trends.
- Outcome 5.B.- Records did not always contain current and accurate physicians' orders. Medications Variances were not being identified in a timely manner. An isolated issue was identified for a person who self-administers medications.
- Domain 8- Instances were identified where employment supports were provided prior to support staff completing job coach training. A repeat issue was identified with the provider's policies regarding support for meaningful day activities.
- Outcome 9.A.- The agency's self-assessment process was not considered adequate due to the number of issues identified by the survey team not previously identified by the agency. A new director is in place and improvement was noted.
- Outcome 9.B.- Training was not completed per requirements for new staff in the area of Individual Specific training (56.5%) A sanction warning occurred. Tenured employee's training was completed per requirements, 88.9% or above, for the 10 tenured employees reviewed.
- Outcome 10.A.- A minor billing issue was identified for 1 day for 1/6 individuals reviewed.
- Outcome 10.B. Personal funds management issues were identified for all individuals reviewed. Issues included excessive cash balances maintained in the homes, cash logs and receipts not being maintained.

The provider should focus efforts to ensure the following:

- People receive services and supports as specified in their plans.
- Provision of services and supports are documented in accordance with the plan.
- Documentation indicates appropriate monitoring of the plan's implementation.
- A process for reviewing and monitoring the plan and progress toward desired goals is implemented.
- Trends in medication variances are analyzed and prevention strategies are implemented to address findings.
- Medications are provided and administered in accordance with physician's orders.
- Medication administration records are appropriately maintained.
- Employment staff receive development of supports and mentoring.
- People have opportunities for a meaningful day.
- Staff receive appropriate training to meet the needs of the person.

Personal funds accounts: 4 accounts were reviewed, 4 contained issues. The provider should focus efforts to ensure that there is proper oversight and accounting of all personal funds. Implement written policies and procedures to manage and protect personal funds. Also, ensure proper oversight and accounting of all personal funds..
A recoupment letter is forthcoming regarding Medical Supported Living.
Sanction warning letters are forthcoming regarding New Hire Staff Qualifications and Training.

Middle Region:

Journeys in Community Living- Day/Res, Med Res, PA: The exit conference was held on July 8, 2016.

- Scored 46 Fair on the QA Survey.
  - Scored 52 Proficient on the 2015 QA Survey.
  - Domain 5 remained Partial Compliance.
  - Domains 4, 9 & 10 decreased to Partial Compliance.
- Outcome 3.C.- Criminal Background checks were completed timely for the 41 new employees with an overall compliance rating of 87.8% for the Criminal Background and State of Tennessee Registry checks.
- Outcome 4.D.- An issue was noted with obtaining consents for rights restrictions for 3 individuals.
- Outcome 5.B.- Medications were not administered per physicians' orders. Issues included new medications not being initiated in a timely manner and omissions on the MARs.
- Outcome 9.B.- Training was completed per requirements for new and tenured employees. (92.7% or above)
- Outcome 9.C.- Documentation of supervisory visits for several months could not be located for two individuals reviewed.
- Outcome 10.A.- Billing issues were identified due to billing for the incorrect day service for 5/9 individuals reviewed. Recoupment and rate adjustments occurred.
- Personal funds management issues were identified for 5/5 individuals reviewed. Issues included bank account balances being over the maximum allowable guidelines, lack of maintenance of receipts, restitution payments without HRC review, items not listed on property inventories, and the agency was listed as beneficiary in one individuals will.

Humane Assisting, Inc.- Day/Res: The initial consult took place on July 28, 2016.

All requirements were reviewed.
Issues noted:

- Risk Issues Identification Tool containing information regarding another individual, no Incident Management Committee, and lack of informed consent for psychotropic medications.
- A Board of Directors had not been formed.
- A Self-Assessment process had not been developed.

D & S Residential Services- Day/Res, Med Res, Family Model, PA, Occupational, Physical, & Speech Therapy: The exit conference was held on July 15, 2016.

- Scored 44 Fair on the QA Survey.
  - Scored 50 Proficient on the 2015 QA Survey.
  - Domains 2 & 10 remained Partial Compliance.
  - Domains 3, 5, & 9 decreased to Partial Compliance.
- Domain 2- Issues were identified for clinical services regarding RIITs not being completed in a timely manner, initial assessments not always adequately addressing relevant discipline-specific data, goals were not consistently written in functional and measurable terms. Contact notes did not include recommendations for future therapy and/or the provision of skilled services. Competency-based training and/or not denoting a designated trainer were issues. Staff instructions for safety related concerns were not developed and trained within the timeframe. Monthly reviews for clinical services were also identified with problem areas noted.
- Domain 3- Fire drills were not completed for the Family Model home reviewed. Criminal Background checks were completed timely for the 77 new employees with an overall compliance rating of 87%. The State of Tennessee Registry checks were 83.1% compliant. A sanction warning occurred. Late reporting was noted for reporting incidents.
- Domain 5- Annual examinations and follow-up visits were not completed per requirements. Behavioral information was not submitted to the prescribing practitioner's for psychotropic medication reviews. Medication changes were not being implemented in a timely manner, physicians' orders were not being followed, medications not being available in the home, and unexplained omissions on the MARs.
- Outcome 9.A.- Therapy records were not maintained in an organized manner. Documents were not named and each had to be opened in order to determine if they were pertinent to the review period.
- Outcome 9.B.- Training was completed per requirements for new and tenured employees. (100%)
- Outcome 9.D.- The Advisory Board met quarterly for the Cookeville office; however, the Advisory Board for the Nashville office only held two meetings for the past year. This is a repeat finding.
- Outcome 10.A.- Isolated billing issues were identified for Personal Assistance and In-Home Day services for 3/15 individuals reviewed. As the agency has a previous Risk Management referral, this information will be sent to Risk Management for follow-up.
- Personal funds management issues were identified for 3/6 individuals reviewed. Issues included excessive cash balances maintained in the homes, no adequate separation of duties in Cookeville, cash logs not consistently maintained, lack of maintenance of receipts, a loan repayment that could not be verified, and items not listed on property inventories. Lease agreements were not current.

Tennessee Personal Assistance- Day/Res, Nursing, PA: The exit conference was held on July 28, 2016.

- Scored 46 Fair on the QA Survey.
  - Scored 52 Exceptional on the 2015 QA Survey.
  - Domain 10 remained Partial Compliance.
  - Domains 2, 5, and 9 decreased to Partial Compliance.
- Domain 2: Issues were identified with failure to document outcomes and action steps.
- Domain 3: Criminal Background and State of Tennessee Registry Checks were completed for the 43 new employees, with 97.7% compliance rating.
- Domain 5, Outcome 5B: Issues were identified with medications not being administered per physician's orders and medications not being available. Medication Variance Forms were not consistently completed.
- Domain 9: Issues were noted with the agency's two systems of electronic record keeping: significant delays occurred with the accessing of documentation. Supervision of the licensed practical nurses was not completed per the agency policy.
  - Training was at or above 93.5% compliant for new staff and 94.1% for the twenty tenured staff reviewed.
- Domain 10: Billing issues were identified for 3 of the 4 individuals reviewed for Personal Assistance, Community Based Day, and Nursing. As the agency previously had a Risk Management Referral, this information was forwarded to Risk Management.
  - Personal Funds Management (4 individuals): Bank reconciliations were not completed accurately. A minor issue was noted for the Family Model Home reviewed due to the individual being overcharged for five months.

Bios- Day/Res, PA: The exit conference was held on July 29th, 2016.

- Scored 42 Fair on the 2016 QA Survey.
  - Scored 44 Fair on the 2015 QA Survey.
  - Domains 2, 4, 5, 9, and 10 remained Partial Compliance.
  - Domain 3 decreased to Partial Compliance.
- Domain 2, Outcome 2D: A repeat issue was noted in which all applicable outcomes and supports for daily life were not addressed and the content of the Monthly Reviews did not provided a sufficient overview of the agency's efforts to implement ISPs.
- Domain 3: Evidence of efforts to resolve environmental issues were not consistently maintained. Medication Variance trending was completed; however multiple medication errors were undetected.
  - Criminal Background and State of Tennessee Registry checks were completed for the 50 new employees with a compliance rating of 98%.
- Domain 4, Outcome 4D: Scored Minimal Compliance. Issues were noted with failure to obtain consents for psychotropic medications and right restrictions, and lack of HRC review.
- Domain 5: Issues were identified with the maintenance of the documentation of medical follow-up appointments, blood glucose checks documentation, wound care instruction documentation, and information submitted to the prescribing practitioner for reviews of psychotropic medications.
  - Outcome 5B scored Minimal Compliance due to medications being administered after being discontinued, orders not transcribed on the MARs and/or incorrectly transcribed, medications not administered, or medications not available. This is a repeat issue.
- Domain 9: The agency utilizes an electronic record keeping system. Information such as medical consultation, physician's orders, Monthly Reviews, and consents could not be accessed in a timely manner.
  - Training was completed per requirements with the exception of Individual Specific Training which was 72% compliance rating. A sanction warning

Triumph Care- Day, PA: The exit conference was held July 22, 2016.

- Scored 46 Fair on the 2016 QA Survey. This is the agency's first full survey.
- Domains 2, 3, 9, and 10 scored Partial Compliance.
- Domain 2: Issues were identified with the maintenance with a current ISP in the agency record for one individual, and lack of notification to the ISC regarding changes needed with ISPs.
- Domain 3: Issues were identified with vehicles used to transport individuals not being inspected per agency policy.
    - Criminal Background and Tennessee Registry checks were completed as required (100% compliance rating) with the exception of the OIG List of Excluded Individuals and Entities (25% compliance rating) for the eight employees. A sanction warning occurred.
- Domain 9: Required components for the Quality Improvement Plan were not developed/implemented. Documentation of home supervisory visits were photocopies of previous visits with dates altered.
    - Training was not completed timely for all modules (50% and above) with the exceptions of CPR and Individual Specific Training.
- Domain 10, Outcome 10A: Billing issues were identified for 3 of the 4 individuals reviewed due to billing transportation with no supporting documentation that transportation occurred, billing for Personal Assistance without supporting documentation, and lack of documentation of Community Based Day services. Recoupment occurred.

Nia Association- Day/Res, Family Model, Nursing, PA, and Behavior: The exit conference was held on July 29, 2016.

- Scored 42 Fair on the 2016 QA Survey
    - Scored 46 Fair on the 2015 QA Survey
    - Domains 2, 5, 9, and 10 remain Partial Compliance. Domains 3 and 4 decreased to Partial Compliance.
- Domain 2, Outcome 2D: Issues with Monthly Reviews not consistently addressing all relevant outcomes were noted.
- Domain 3: Background and State of Tennessee Registry Checks were completed timely for the 50 new hires (92% or above) with the exception of OIG List of Excluded Individuals and Entities (28% compliance). A sanction warning occurred. The agency also employed one prohibited staff member. A sanction occurred.
- Domain 4, Outcome 4D: Scored Minimal Compliance due to psychotropic medications being administered without informed consents or HRC review.
- Domain 5: Documented behavioral information was not presented to the prescribing practitioners during reviews of psychotropic medications. Medications were not being administered in accordance with physician's orders, new medications or dosages changes not implemented timely, and medications not available for administration.
- Domain 9: Documentation of required components of the Quality Improvement Plan were not maintained.
    - Training was completed timely with the exceptions of CPR, First Aid, and Individual Specific Training. A sanction warning occurred.
- Domain 10: Billing issues were identified for Personal Assistance and Family Model services; as the agency had a previous Risk Management Referral, these issues were forwarded to Risk Management.
    - Personal Funds Management issues were identified for one of two individuals reviewed due to hand written receipts by staff being disallowed.

West Region:

KeyOptions Community Care – Consultation survey completed on 7/12/16 for this provider of Residential, Day and PA services. Services were initiated 1/11/16; 2 people were supported at the time of the review. Issues discussed during the Consultation survey were typical for new providers; the agency needs to ensure:

- Daily notes reflect the presence of staff required according to service level of need;
- All monitoring forms used are fully completed;
- Continued development of policies and practices focused on employment of people supported; and
- Personnel and training practices reflect compliance with DIDD requirements.

The agency was not involved in the management of personal funds of any person supported at the time of the Consultation survey.

Omni Visions – Residential/Day provider scored 48 of 54/Proficient on the QA survey exited 7/11/16.

- Omni was a 3-Star provider in 2015; compared to their 2014 survey results, this year's score shows a 6-point decrease in compliance (54-Exceptional in 2014) related to issues identified in Domains 5 (SC-PC), 9 (SC-PC) and 10 (SC-PC).
- A sanction warning was sent 7/22/16 for no ISP present while staff were providing services to one person.
- The agency needs to ensure:
    - Periodic reviews always address services authorized and outcomes;
    - Staff with background histories that may preclude hiring are not assigned to provide direct support until exemption approval has been received from DIDD (a $100 sanction was sent 8/1/16);
    - People having psychotropic medications administered by staff or with rights restrictions have provided complete and timely informed consent;
    - Policies requiring DIDD review are re-submitted for review when changes are made;
    - Medication administration practices for people receiving Personal Assistance services include maintaining current physician's orders;
    - Documentation of RN supervision of staff performing delegated tasks and of RN supervision of the LPN is maintained per agency policy;
    - The records management system allows for timely location of all required documents including all documents needed for the review of personal funds management;
    - The self-assessment process is revised as warranted to address the survey findings; and
    - Training and re-training of staff is completed timely (a sanction warning for new hire training was sent 8/1/16)
- Outcome 10A, billing, scored SC; for the sample of 10 people, no billing issues were noted.
- Outcome 10B, personal funds management, scored MC. Policies were needed and the system for records management was such that review required accessing paper, 3 flash drives and the electronic records system.
    - Excess personal funds were noted in the home, liquid paper was found on personal funds logs, reconciled bank balances did not always agree with the check register. 7 of 7 people reviewed are due to be reimbursed for missing receipts, missing or partial utility statements, late fees, bank fees, long distance charges and internet charges used by the agency.

Nicholas Matters – Single person provider of Residential/Day services scored 50 of 54/Proficient on the QA survey exited 7/15/16.

- Nicholas Matters was a 3-Star provider in 2015; compared to the 2014 survey results, this year's score is the same but shows a decrease in Domain 9 (SC-PC), increase in Domain and 10 (PC-SC), and Domain 2 remained PC.
- The agency needs to ensure:
  - All staff are familiar with the person's ISP, the staff plan and the provider's PFH policies;
  - Documentation adequately captures the provision of necessary supports identified in the ISP;
  - Periodic reviews are designed to identify when necessary supports identified in the ISP are not being provided;
  - All background and registry checks and staff training are completed timely (sanctions of $250 for personnel and $250 for new staff training are pending);
  - Policies requiring DIDD review are re-submitted for review when changes are made; and
  - The self-assessment process is revised as warranted to address the survey findings.
- Outcome 10A, billing, scored SC. Two units of overbilling were noted for the person supported; letter of recoupment for $168.22 is pending.
- Outcome 10B, personal funds management, was not applicable as neither the provider agency nor any paid staff is involved in management of the persons funds

Brenda Richardson Memorial Care Homes – Residential/Day provider scored 52 of 54/Exceptional Performance on the QA survey exited 7/21/16.

- Compared to their 2015 survey results, this is a 2-point increase in compliance (50-Proficient in 2015) related to improvement identified in Domain 2 (PC-SC).
- The agency needs to ensure:
  - Staff with background histories that may preclude hiring are not assigned to provide direct support until exemption approval has been received from DIDD (a $100.00 sanction is pending);
  - Training and re-training of staff is completed timely; the agency must have on file copies of current driver's licenses for all staff that transport (sanction of $750 is pending for new staff training).
- Outcome 10A, billing, scored SC; no billing issues were identified for the 4 people in the survey sample.
- Outcome 10B, personal funds management, scored PC. Issues related to policies, missing receipts and maintaining adequate personal property inventories were noted. A small amount of reimbursement is due to each of the 4 people reviewed.

Personal Care Services Midsouth – Residential Day provider scored 44 of 54/Fair on the first full QA survey exited 7/27/16. The Consultation survey was in December 2015.

- The agency needs to ensure:
  - Services are provided in the type and amount authorized;
  - A system for obtaining back-up staff is developed;
  - The Crisis Intervention Policy is reviewed by a Human Rights Committee;
  - Background and registry checks and staff training are completed timely (warnings for both personnel practices and new staff training are pending);
  - Reportable Incident Forms are completed accurately;
  - The Incident Review Committee meets with the required frequency;
  - Policies and practices focused on employment of people supported are developed;
  - Unannounced supervisory visits are conducted in the required frequency;
  - All members of the community advisory group receive orientation and training timely; and
  - Only services adequately documented are billed.
- Outcome 10A, billing, scored MC. Billing issues were identified for both people supported; letter of recoupment for $5,254.51 is pending.

The agency was not involved in the management of personal funds of any person supported at the time of the Consultation survey.

Loving Arms – Residential/Day provider scored 54 of 54/Exceptional Performance on the QA survey exited 7/28/16.

- Compared to their 2015 survey results, this is a 4-point increase in compliance (50-Proficient in 2015) related to improvements identified in Domains 9 (PC-SC) and 10 (PC-SC).
- The agency needs to ensure:
  - Staff with background histories that may preclude hiring are not assigned to provide direct support until exemption approval has been received from DIDD (a $250 sanction is pending);
  - Background and registry checks and staff training are completed timely and supported by the evidence required (e.g., staff's name is added to registry check reports that print without the name (sanctions for personnel practices and new staff training are pending); and
  - Evidence of timely Human Rights Committee review of psychotropic medication is evident as warranted.
- Outcome 10A, billing, scored SC. Overbilling of a few unit was noted for three people reviewed; recoupment of $265.39 is pending.
- Outcome 10B, personal funds management, scored SC. Five people reviewed had small amounts of reimbursement due to them.

C.S. Patterson Training & Habilitation Center – Residential/Day provider scored 54 of 54/Exceptional Performance on the QA survey exited 7/28/16.

- The Provider Performance Rating and Domains scores are the same as those in the 2015 survey yet a few indicators did change from "yes" to "no" this survey.
- The agency needs to ensure:
  - Registry checks are completed timely; and
  - Documentation of the completion of unannounced supervisory visits at the required frequency is maintained.
- Outcome 10A, billing, scored SC. Isolated billing issues were identified for 1 of 7 people in the sample; recoupment is pending.
- Outcome 10B, personal funds management, scored SC. Three of 4 people reviewed are due to be reimbursed small amounts.

Personal Assistance: East- no reviews; Middle- no reviews; West- No reviews.

ISC Providers: no reviews.

Clinical Providers: Nursing-Behavioral-Therapies

Behavioral Providers Providers reviewed: East- no reviews; Middle- no reviews; West- Madison Leigh Brunswick, Positive Impact Behavioral Services, Sympathetic Steps to Success.

West Region:
Madison Leigh Brunswick (formerly InTune Behavioral Consulting) – Independent, Board Certified provider of Behavior services scored 30 of 36/Fair on the QA survey exited 7/7/16.

- Compared to the 2015 survey results, this is a 4-point decrease in compliance (34-Proficient in 2015) related to issues identified in Domains 2 (PC-MC) and 9 (SC-PC).
- The agency needs to ensure:
  - Risk Issues Identification Tools are completed timely;
  - Annual Updates, Behavior Support Plans, CSMRs and CSQRs meet the clinical quality criteria included in the DIDD Behavior Services Work Product Review;
  - Self-assessment and quality improvement planning processes are developed and implemented.
- Outcome 10A, billing, scored SC. In the sample of 4 people, one unit of overbilling was noted; letter of recoupment for $131.95 was sent 7/25/16.

Positive Impact Behavioral Services – Independent, Board Certified provider of Behavior services scored 34 of 36/Proficient on the first full QA survey exited 7/21/16. The Consultation survey was in January 2016.

- The agency needs to ensure CSMRs and CSQRs meet the clinical quality criteria included in the DIDD Behavior Services Work Product Review.
- Outcome 10A, billing, scored SC. One instance of overbilling one unit was identified; letter of recoupment for $18.85 was sent 8/8/16.

Sympathetic Steps to Success – Behavior provider scored 34 of 36/Proficient on the QA survey exited 7/8/16.

- Overall score and Domain scores for the 2015 and 2016 surveys were the same. Indicators scored "no" in Domain 2 also were the same this survey and last as issues were identified with the content of Annual Updates, CSMRs and CSQR.
- Outcome 10A, billing, scored SC. In the sample of 8 people, one billing error was noted where services provided one day were billed the following day. The issue was referred to Risk Management on 7/25/16 as additional information for an open case.

Nursing Providers:
Providers reviewed: East- no reviews; Middle- no reviews; West- no reviews.

Therapy Providers:
Providers reviewed: East- no reviews; Middle- no reviews; West- Advocate Healthcare, Therapy Success.

West Region:
Advocate Healthcare – Independent provider of OT services scored 34 of 36/Proficient on the first full QA survey exited 7/22/16. The Consultation survey was in December 2015.

- The agency needs to ensure:
  - Therapeutic Plans of Care (POC) include goals that are functional and measurable;
  - Contact notes consistently reflect actions such as the provision of skilled services, objective measurement of the person's response to treatment, training of staff on specific staff instructions and specific equipment;
  - Monthly progress notes include documentation to reflect progress being measured, pertinent information contained in the contact notes and discussion of specific plans and recommendations; and
  - The self-assessment process is revised as warranted to address the survey findings.
- Outcome 10A, billing, scored SC. No billing issues were identified for the four people in the survey sample.

Therapy Success – Independent SLP scored 36 of 36/Exceptional Performance on the QA survey exited 7/15/16.

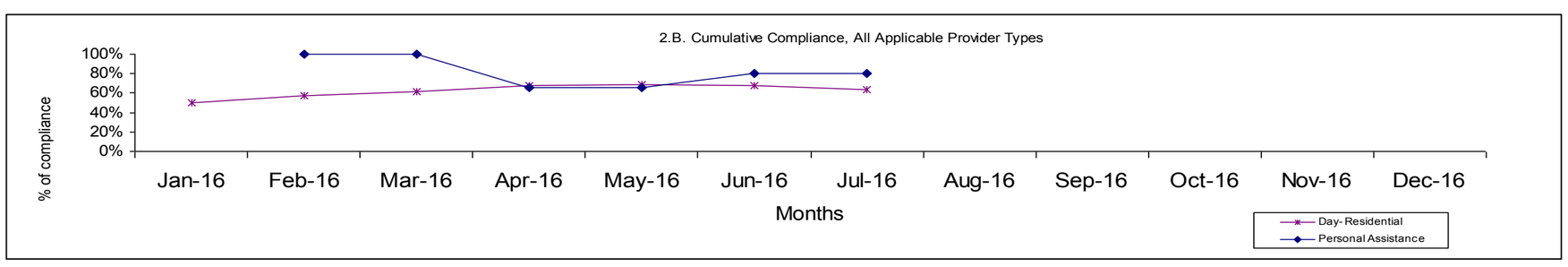
- All scores in the 2015 and 2016 survey reports are the same with no "no" score issued.
- Outcome 10A, billing, scored SC; no issues were identified for people in the sample.

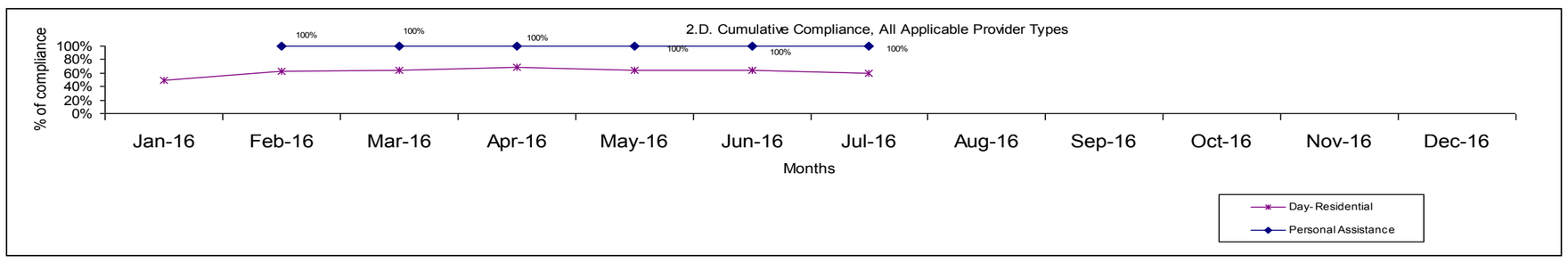
Follow-up on actions taken:
All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

Special Reviews

Current Month:
Domain 2, Outcome B (Services and Supports are provided according to the person's plan.) Domain 2, Outcome D (The person's plan and services are monitored for continued appropriateness and revised as needed.)

Provider Type	2.B. % of Providers in Compliance	2.D. % of Providers in Compliance
Day-Residential	50%	44%
Personal Assistance	N/A	N/A

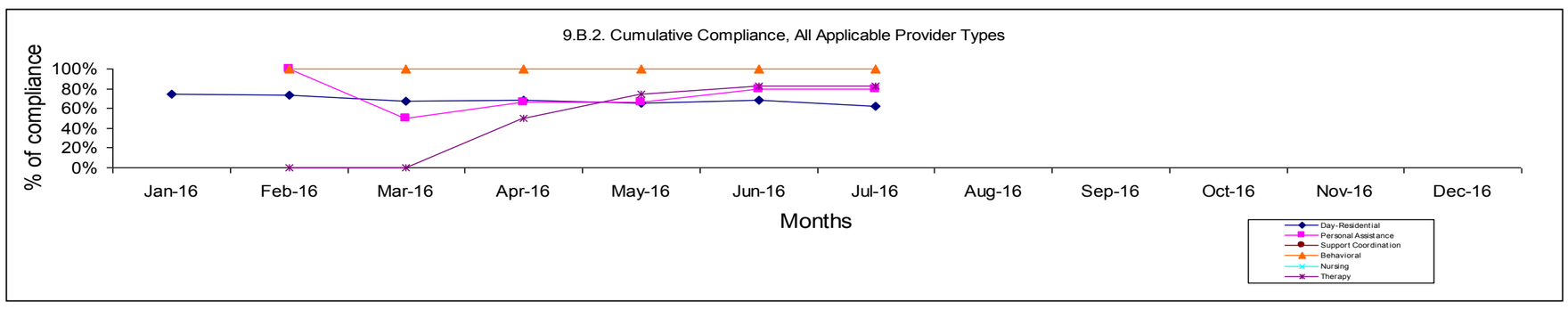




Current Month:

9.B.2. (Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.)

Provider Type	% of Providers in Compliance
Day-Residential	38%
Personal Assistance	N/A
Support Coordination	N/A
Behavioral	N/A
Nursing	N/A
Therapy	N/A



F	Provider Qualifications / Monitoring (II.H., II.K.) Personal Funds

Data Source:
Data collected for the personal funds information is garnered from the annual QA survey. The number of Individual Personal Funds reviewed is based on the sample size for each survey, approximately 10%.

	Personal Funds - East	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed	5	14	25	25	18	20	29					
	# of Individual Personal Funds Accounts Fully Accounted For	4	7	23	22	12	15	21					
	# of Personal Funds Accounts Found Deficient	1	7	2	3	6	5	8					
	% of Personal Funds Fully Accounted for	80%	50%	92%	88%	67%	75%	72%					
	% of Personal Funds Found Deficient	20%	50%	8%	12%	33%	25%	28%					

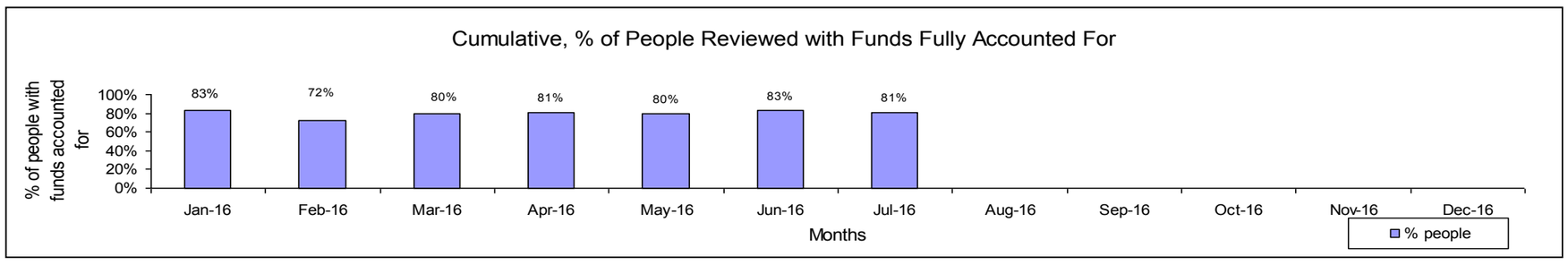
	Personal Funds - Middle	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed		18	27	24	23	25	28					
	# of Individual Personal Funds Accounts Fully Accounted For		12	23	20	17	25	25					
	# of Personal Funds Accounts Found Deficient		6	4	4	6	0	3					
	% of Personal Funds Fully Accounted for		67%	85%	83%	74%	100%	89%					
	% of Personal Funds Found Deficient		33%	15%	17%	26%	0%	11%					

	Personal Funds - West	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed		12	6	15	22	16	19					
	# of Individual Personal Funds Accounts Fully Accounted For		12	4	12	20	16	12					
	# of Personal Funds Accounts Found Deficient		0	2	3	2	0	7					
	% of Personal Funds Fully Accounted for		100%	67%	80%	91%	100%	63%					
	% of Personal Funds Found Deficient		0%	33%	20%	9%	0%	37%					

	Personal Funds - Statewide	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed		44	58	64	63	61	76					
	# of Individual Personal Funds Accounts Fully Accounted For		31	50	54	49	56	58					
	# of Personal Funds Accounts Found Deficient		13	8	10	14	5	18					
	% of Personal Funds Fully Accounted for		70%	86%	84%	78%	92%	76%					
	% of Personal Funds Found Deficient		30%	14%	16%	22%	8%	24%					

	Cumulative Funds Data	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed		50	108	172	235	296	372					
	# of Individual Personal Funds Accounts Fully Accounted For		36	86	140	189	245	303					
	# of Personal Funds Accounts Found Deficient		14	22	32	46	51	69					
	% Funds Accounted for, Cumulatively		72%	80%	81%	80%	83%	81%					
	% Funds Deficient, Cumulatively		28%	20%	19%	20%	17%	19%					

Region	% of Personal Funds Fully Accounted For
East	72%
Middle	89%
West	63%
Statewide	76%



Analysis:

The criteria used for determining if personal funds are fully accounted for is tied to compliance with all requirements in the Personal Funds Management Policy.

See references under provider summaries above.

Follow-up action taken from previous reporting periods:

The Quality Management Committee will continue to analyze data from this area to identify other ways to address concerns.